

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90053 026 \*\*\*150.00

DOCUMENT # P31697

1. Corporation Name  
ADVANCED ELASTOMER SYSTEMS, INC.

Principal Place of Business  
388 SOUTH MAIN ST.  
AKRON OH 44311-1059

Mailing Address  
388 SOUTH MAIN STREET  
AKRON OH 44311-1059  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1990

4. FEI Number

43-1558616

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. Trust Fund Contribution ☐

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME SELLEW, ROGER F.  
STREET ADDRESS 1770 BROOKWOOD DRIVE  
CITY-ST-ZIP AKRON OH

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME wildsmith, Graham  
1.3 STREET ADDRESS 388 S. Main St.  
1.4 CITY-ST-ZIP Akron OH.

TITLE V ☐ DELETE  
NAME ANSTINE, D.J.  
STREET ADDRESS 4170 LOCHNESS CIRCLE NW  
CITY-ST-ZIP CANTON OH

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME KALUZA, MICHAEL E.  
STREET ADDRESS 162 BRANDYWINE DRIVE  
CITY-ST-ZIP HUDSON OH

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME PATTON, K.A.  
STREET ADDRESS 32380 PINEBROOK LANE  
CITY-ST-ZIP PEPPER PIKE OH

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AT ☐ DELETE  
NAME FAST, H.J.  
STREET ADDRESS 388 S. MAIN ST  
CITY-ST-ZIP AKRON OH

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME SNYDER, S.L.  
STREET ADDRESS 388 S. MAIN ST  
CITY-ST-ZIP AKRON OH 59

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)